REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

1. NAME OF COMMITTEE (in full)
   Coyne for congress 2014

ADDRESS (number and street)
1130 east clark ave
ste 150 pmb 183
santa maria
CA 93455

2. FEC IDENTIFICATION NUMBER ▼
   FEC FORM 3 (Revised 02/2003)
   C00540666

3. IS THIS REPORT ▼ NEW (N) OR AMENDED (A)
   CA 24

4. TYPE OF REPORT (Choose One)
   (a) Quarterly Reports:
   - April 15 Quarterly Report (Q1)
   - July 15 Quarterly Report (Q2)
   - October 15 Quarterly Report (Q3)
   - January 31 Year-End Report (YE)
   - Termination Report (TER)
   (b) 12-Day PRE-Election Report for the:
   - Primary (12P)
   - General (12G)
   - Runoff (12R)
   - Convention (12C)
   - Special (12S)
   Election on 06/03/2014 in the State of CA
   (c) 30-Day POST-Election Report for the:
   - General (30G)
   - Runoff (30R)
   - Special (30S)
   Election on / / 2014 in the State of

5. Covering Period
   04/01/2014 through 05/14/2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Mr. paul henry coyne Jr.

Signature of Treasurer
Mr. paul henry coyne Jr. [Electronically Filed]

Date
05/29/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.
<table>
<thead>
<tr>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Period</td>
<td>Election Cycle-to-Date</td>
</tr>
<tr>
<td>COLUMB A</td>
<td>COLUMB B</td>
</tr>
</tbody>
</table>

6. Net Contributions (other than loans)
   
   (a) Total Contributions
   (other than loans) (from Line 11(e)) .......
   
   (b) Total Contribution Refunds
   (from Line 20(d)) ..............................
   
   (c) Net Contributions (other than loans)
   (subtract Line 6(b) from Line 6(a)) ......

7. Net Operating Expenditures
   
   (a) Total Operating Expenditures
   (from Line 17) ..................................
   
   (b) Total Offsets to Operating
   Expenditures (from Line 14) ........
   
   (c) Net Operating Expenditures
   (subtract Line 7(b) from Line 7(a)) .......

8. Cash on Hand at Close of Reporting Period
   (from Line 27) .................................

9. Debts and Obligations Owed TO
   the Committee (Itemize all on Schedule C
   and/or Schedule D) ............................

10. Debts and Obligations Owed BY
    the Committee (Itemize all on Schedule C
    and/or Schedule D) ...........................

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100
I. RECEIPTS

11. CONTRIBUTIONS (other than loans) FROM:

<table>
<thead>
<tr>
<th>Description</th>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Individuals/Persons Other Than Political Committees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Itemized (use Schedule A)</td>
<td>0.00</td>
<td>7150.00</td>
</tr>
<tr>
<td>(ii) Unitemized</td>
<td>0.00</td>
<td>3649.45</td>
</tr>
<tr>
<td>(iii) TOTAL of contributions from individuals</td>
<td>0.00</td>
<td>10799.45</td>
</tr>
<tr>
<td>(b) Political Party Committees</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) Other Political Committees (such as PACs)</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(d) The Candidate</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(e) TOTAL CONTRIBUTIONS (other than loans)</td>
<td>0.00</td>
<td>10799.45</td>
</tr>
</tbody>
</table>

(d) TOTAL CONTRIBUTIONS (other than loans)

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

<table>
<thead>
<tr>
<th>Description</th>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

13. LOANS:

<table>
<thead>
<tr>
<th>Description</th>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Made or Guaranteed by the Candidate</td>
<td>250.00</td>
<td>54080.00</td>
</tr>
<tr>
<td>(b) All Other Loans</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) TOTAL LOANS</td>
<td>250.00</td>
<td>54080.00</td>
</tr>
</tbody>
</table>

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

<table>
<thead>
<tr>
<th>Description</th>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

15. OTHER RECEIPTS (Dividends, Interest, etc.)

<table>
<thead>
<tr>
<th>Description</th>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)

<table>
<thead>
<tr>
<th>Description</th>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>250.00</td>
<td>64879.45</td>
</tr>
</tbody>
</table>
## II. DISBURSEMENTS

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total This Period</strong></td>
<td><strong>Election Cycle-to-Date</strong></td>
</tr>
<tr>
<td>17. OPERATING EXPENDITURES</td>
<td>980.37</td>
</tr>
<tr>
<td>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</td>
<td>0.00</td>
</tr>
<tr>
<td>19. LOAN REPAYMENTS:</td>
<td></td>
</tr>
<tr>
<td>(a) Of Loans Made or Guaranteed by the Candidate</td>
<td>0.00</td>
</tr>
<tr>
<td>(b) Of All Other Loans</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))</td>
<td>0.00</td>
</tr>
<tr>
<td>20. REFUNDS OF CONTRIBUTIONS TO:</td>
<td></td>
</tr>
<tr>
<td>(a) Individuals/Persons Other Than Political Committees</td>
<td>0.00</td>
</tr>
<tr>
<td>(b) Political Party Committees</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) Other Political Committees (such as PACs)</td>
<td>0.00</td>
</tr>
<tr>
<td>(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))</td>
<td>0.00</td>
</tr>
<tr>
<td>21. OTHER DISBURSEMENTS</td>
<td>0.00</td>
</tr>
<tr>
<td>22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)</td>
<td>980.37</td>
</tr>
</tbody>
</table>

## III. CASH SUMMARY

<table>
<thead>
<tr>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</td>
</tr>
<tr>
<td>24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)</td>
</tr>
<tr>
<td>25. SUBTOTAL (add Line 23 and Line 24)</td>
</tr>
<tr>
<td>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</td>
</tr>
<tr>
<td>27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)</td>
</tr>
</tbody>
</table>
SCHEDULE A  (FEC Form 3)
ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Coyne for congress 2014

Full Name (Last, First, Middle Initial)
paul coyne

Mailing Address 1298 roxy ave
city santa maria
state CA
zip code 93455

FEC ID number of contributing federal political committee.
C

Name of Employer
union bank

Occupation
bank branch manager

Receipt For: 2014
Primary

Other (specify)
Election Cycle-to-Date
250.00

Date of Receipt
05 / 02 / 2014

Transaction ID : SA13A.4567

Amount of Each Receipt this Period
loan to campaign

250.00

Full Name (Last, First, Middle Initial)

Mailing Address

city
state
zip code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:
Primary

Other (specify)
Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

city
state
zip code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:
Primary

Other (specify)
Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

FEC Schedule A (Form 3) (Revised 02/2009)
**SCHEDULE B (FEC Form 3)**

**ITEMIZED DISBURSEMENTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

### NAME OF COMMITTEE (In Full)

Coyne for congress 2014

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Date of Disbursement</th>
<th>Amount of Each Disbursement this Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. AUTHORIZED NET</strong></td>
<td>04 / 02 / 2014</td>
<td>20.00</td>
</tr>
<tr>
<td>Mailing Address: PO BOX 8999</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City: SAN FRANCISCO</td>
<td>State: CA</td>
<td>Zip Code: 94128</td>
</tr>
<tr>
<td>Purpose of Disbursement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>web expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candidate Name</td>
<td>Coyne for congress 2014</td>
<td>Category/Type: 001</td>
</tr>
<tr>
<td>Office Sought: House</td>
<td>Disbursement For: 2014</td>
<td>Primary: x, General: □, Other (specify): □</td>
</tr>
<tr>
<td>State: CA</td>
<td>District: 24</td>
<td></td>
</tr>
</tbody>
</table>

| **B. MOBIL**                           | 04 / 17 / 2014        | 60.35                                  |
| Mailing Address: 2404 SOUTH BROADWAY   |                      |                                        |
| City: SANTA MARIA                      | State: CA            | Zip Code: 93454                        |
| Purpose of Disbursement                |                      |                                        |
| campaign travel gas                    |                      |                                        |
| Candidate Name                         | Coyne for congress 2014 | Category/Type: 002                      |
| Office Sought: House                   | Disbursement For: 2014 | Primary: □, General: □, Other (specify): x |
| State: CA                             | District: 24          |                                        |

| **C. MOBIL**                           | 04 / 22 / 2014        | 50.00                                  |
| Mailing Address: 2404 SOUTH BROADWAY   |                      |                                        |
| City: SANTA MARIA                      | State: CA            | Zip Code: 93454                        |
| Purpose of Disbursement                |                      |                                        |
| campaign travel gas                    |                      |                                        |
| Candidate Name                         | Coyne for congress 2014 | Category/Type: 002                      |
| State: CA                             | District: 24          |                                        |

| SUBTOTAL of Disbursements This Page (optional) | 130.35 |
| TOTAL This Period (last page this line number only) |                                       |
**ITEMIZED DISBURSEMENTS**

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<table>
<thead>
<tr>
<th>NAME OF COMMITTEE (In Full)</th>
<th>Coyne for congress 2014</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>MOBIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>2404 SOUTH BROADWAY</td>
</tr>
<tr>
<td>City</td>
<td><strong>SANTA MARIA</strong></td>
</tr>
<tr>
<td>State</td>
<td><strong>CA</strong></td>
</tr>
<tr>
<td>Zip Code</td>
<td>93454</td>
</tr>
<tr>
<td>Purpose of Disbursement</td>
<td>campaign travel gas</td>
</tr>
<tr>
<td>Candidate Name</td>
<td><strong>Coyne for congress 2014</strong></td>
</tr>
<tr>
<td>Office Sought</td>
<td><strong>House</strong></td>
</tr>
<tr>
<td>Disbursement For</td>
<td><strong>2014</strong></td>
</tr>
<tr>
<td>Date of Disbursement</td>
<td><strong>04/23/2014</strong></td>
</tr>
<tr>
<td>Amount of Each Disbursement this Period</td>
<td><strong>60.35</strong></td>
</tr>
<tr>
<td>Transaction ID</td>
<td>SB17.4555</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>MOBIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>2404 SOUTH BROADWAY</td>
</tr>
<tr>
<td>City</td>
<td><strong>SANTA MARIA</strong></td>
</tr>
<tr>
<td>State</td>
<td><strong>CA</strong></td>
</tr>
<tr>
<td>Zip Code</td>
<td>93454</td>
</tr>
<tr>
<td>Purpose of Disbursement</td>
<td>campaign travel gas</td>
</tr>
<tr>
<td>Candidate Name</td>
<td><strong>Coyne for congress 2014</strong></td>
</tr>
<tr>
<td>Office Sought</td>
<td><strong>House</strong></td>
</tr>
<tr>
<td>Disbursement For</td>
<td><strong>2014</strong></td>
</tr>
<tr>
<td>Date of Disbursement</td>
<td><strong>04/28/2014</strong></td>
</tr>
<tr>
<td>Amount of Each Disbursement this Period</td>
<td><strong>73.44</strong></td>
</tr>
<tr>
<td>Transaction ID</td>
<td>SB17.4556</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>MOBIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>2404 SOUTH BROADWAY</td>
</tr>
<tr>
<td>City</td>
<td><strong>SANTA MARIA</strong></td>
</tr>
<tr>
<td>State</td>
<td><strong>CA</strong></td>
</tr>
<tr>
<td>Zip Code</td>
<td>93454</td>
</tr>
<tr>
<td>Purpose of Disbursement</td>
<td>campaign travel gas</td>
</tr>
<tr>
<td>Candidate Name</td>
<td><strong>Coyne for congress 2014</strong></td>
</tr>
<tr>
<td>Office Sought</td>
<td><strong>House</strong></td>
</tr>
<tr>
<td>Disbursement For</td>
<td><strong>2014</strong></td>
</tr>
<tr>
<td>Date of Disbursement</td>
<td><strong>04/29/2014</strong></td>
</tr>
<tr>
<td>Amount of Each Disbursement this Period</td>
<td><strong>55.06</strong></td>
</tr>
<tr>
<td>Transaction ID</td>
<td>SB17.4557</td>
</tr>
</tbody>
</table>

**SUBTOTAL** of Disbursements This Page (optional) .................................................................

**TOTAL** This Period (last page this line number only) .................................................................

**188.85**
### Coyne for congress 2014

#### A. MOBIL

- **Mailing Address**: 2404 SOUTH BROADWAY
- **City**: SANTA MARIA
- **State**: CA
- **Zip Code**: 93454
- **Date of Disbursement**: 04/29/2014
- **Purpose of Disbursement**: campaign travel gas
- **Amount of Each Disbursement this Period**: 57.37
- **Transaction ID**: SB17.4558

#### B. moneris-ach

- **Mailing Address**: PO BOX 59390
- **City**: SCHAUMBURG
- **State**: IL
- **Zip Code**: 59390
- **Date of Disbursement**: 04/03/2014
- **Purpose of Disbursement**: web expenses
- **Amount of Each Disbursement this Period**: 26.90
- **Transaction ID**: SB17.4552

#### C. moneris-ach

- **Mailing Address**: PO BOX 59390
- **City**: SCHAUMBURG
- **State**: IL
- **Zip Code**: 59390
- **Date of Disbursement**: 05/05/2014
- **Purpose of Disbursement**: web payments
- **Amount of Each Disbursement this Period**: 26.90
- **Transaction ID**: SB17.4550

---

**SUBTOTAL** of Disbursements This Page (optional): 111.17

**TOTAL** This Period (last page this line number only):
## SCHEDULE B (FEC Form 3)

### ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

### NAME OF COMMITTEE (In Full)

Coyne for congress 2014

### Full Name (Last, First, Middle Initial)

#### A. santa barbara view

- **Mailing Address**: state street
- **City**: santa barbara
- **State**: CA
- **Zip Code**: 93111
- **Purpose of Disbursement**: online advertising with ab view..ads
- **Candidate Name**: Coyne for congress 2014
- **Office Sought**: House
- **Disbursement For**: Primary
- **State**: CA
- **District**: 24

### Date of Disbursement

- **MM/DD/YYYY**: 04/17/2014

### Amount of Each Disbursement this Period

- **Transaction ID**: SB17.4559
- **Category/Type**: 004
- **Amount**: 550.00

### Full Name (Last, First, Middle Initial)

#### B.

- **Mailing Address**
- **City**
- **State**
- **Zip Code**

### Purpose of Disbursement

- **Candidate Name**

### Office Sought:

- House
- Senate
- President

### Disbursement For:

- Primary
- General
- Other (specify)

### State:

- **District**: 24

### Date of Disbursement

- **MM/DD/YYYY**: 

### Full Name (Last, First, Middle Initial)

#### C.

- **Mailing Address**
- **City**
- **State**
- **Zip Code**

### Purpose of Disbursement

- **Candidate Name**

### Office Sought:

- House
- Senate
- President

### Disbursement For:

- Primary
- General
- Other (specify)

### State:

- **District**: 24

### Date of Disbursement

- **MM/DD/YYYY**: 

### TOTAL This Period (last page this line number only)

- **Amount**: 980.37

### SUBTOTAL of Disbursements This Page (optional)

- **Amount**: 550.00
## SCHEDULE C (FEC Form 3)
### LOANS

**NAME OF COMMITTEE (In Full)**
Coyne for congress 2014

**LOAN SOURCE**
Full Name (Last, First, Middle Initial)
Mr. paul henry coyne Jr.

Mailing Address
1298 roxy ave

City State ZIP Code
santa maria CA 93455

**Original Amount of Loan**: 23000.00
**Cumulative Payment To Date**: 0.00
**Balance Outstanding at Close of This Period**: 23000.00

**TERMS**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/15/2013</td>
<td>06/15/2014</td>
<td>0.00 % (apr)</td>
</tr>
</tbody>
</table>

List All Endorsers or Guarantors (if any) to Loan Source

1. **Full Name (Last, First, Middle Initial)**
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. **Full Name (Last, First, Middle Initial)**
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. **Full Name (Last, First, Middle Initial)**
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. **Full Name (Last, First, Middle Initial)**
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

**SUBTOTALS**
This Period This Page (optional)

**TOTALS**
This Period (last page in this line only)

---

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
### Coyne for congress 2014

#### Name of Committee (In Full)

**PAUL henry COYNE Jr.**

Mailing Address  
1298 ROXY AVE  
CITY MARIA  
CA  
93455

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured:</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/24/2013</td>
<td>02/02/2014</td>
<td>0.00 % (apr)</td>
<td>No</td>
</tr>
</tbody>
</table>

**Amount Guaranteed Outstanding:** 5230.00

#### Terms

**Original Amount of Loan:** 5230.00

**Cumulative Payment To Date:** 0.00

**Balance Outstanding at Close of This Period:** 5230.00

**List All Endorsers or Guarantors (if any) to Loan Source**

1. **Full Name (Last, First, Middle Initial):**  
   **Name of Employer:**
   **Mailing Address:**
   **City:**  
   **State:**  
   **ZIP Code:**

2. **Full Name (Last, First, Middle Initial):**  
   **Name of Employer:**
   **Mailing Address:**
   **City:**  
   **State:**  
   **ZIP Code:**

3. **Full Name (Last, First, Middle Initial):**  
   **Name of Employer:**
   **Mailing Address:**
   **City:**  
   **State:**  
   **ZIP Code:**

4. **Full Name (Last, First, Middle Initial):**  
   **Name of Employer:**
   **Mailing Address:**
   **City:**  
   **State:**  
   **ZIP Code:**

### Subtotals

This Period This Page (optional) ..................................................

**SUBTOTALS:** 5230.00

### Totals

This Period (last page in this line only) ..................................................

**TOTALS:** 5230.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
NAME OF COMMITTEE (In Full)
Coyne for congress 2014

LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS] Election: 2014
PAUL henry COYNE Jr. Primary
Mailing Address 1298 ROXY AVE General

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>SANTA MARIA</td>
<td>CA</td>
<td>93455</td>
</tr>
</tbody>
</table>

Original Amount of Loan: 2500.00
Cumulative Payment To Date: 0.00
Balance Outstanding at Close of This Period: 2500.00

Date Incurred: 06/26/2013
Date Due: 06/17/2005
Interest Rate: 0.00 % (apr)
Secured: No

TERMS

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) Name of Employer
   Mailing Address
   City State ZIP Code

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code

SUBTOTALS This Period This Page (optional) ................................................................. 2500.00

TOTALS This Period (last page in this line only) .................................................................

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
**NAME OF COMMITTEE (In Full)**
Coyne for congress 2014

**TO SOURCE** Full Name (Last, First, Middle Initial) [PERSONAL FUNDS]
PAUL henry COYNE Jr.

Mailing Address
1298 ROXY AVE

City State ZIP Code
SANTA MARIA CA 93455

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured</th>
</tr>
</thead>
<tbody>
<tr>
<td>M 07 / D 05 / Y 2013</td>
<td>M M / D D / Y Y Y Y 11/4/2014</td>
<td>0.00 % (apr)</td>
<td>X No</td>
</tr>
</tbody>
</table>

**TERMS**

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   - Name of Employer
   - Mailing Address
   - City State ZIP Code
   - Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   - Name of Employer
   - Mailing Address
   - City State ZIP Code
   - Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   - Name of Employer
   - Mailing Address
   - City State ZIP Code
   - Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   - Name of Employer
   - Mailing Address
   - City State ZIP Code
   - Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ................................................................................................. 2000.00

**TOTALS** This Period (last page in this line only) ..........................................................................................

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
### SCHEDULE C  (FEC Form 3)
### LOANS

**Transaction ID**: SC/10.4255

#### LOAN SOURCE

**[PERSONAL FUNDS]**

- Full Name (Last, First, Middle Initial): PAUL henry COYNE Jr.
- Name of Committee: Coyne for congress 2014
- Election: 2014
  - Primary
  - General
  - Other (specify)

**Address**:
- Mailing Address: 1298 ROXY AVE
- City: SANTA MARIA
- State: CA
- ZIP Code: 93455

### Original Amount of Loan

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/11/2013</td>
<td>11/01/2014</td>
<td>0.00% (apr)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Terms**:
- Original Amount of Loan: 300.00
- Cumulative Payment To Date: 0.00
- Balance Outstanding at Close of This Period: 300.00

#### Loan Source

1. **Full Name (Last, First, Middle Initial)**: Full Name (Last, First, Middle Initial)
   - Mailing Address: Mailing Address
   - City: City
   - State: State
   - ZIP Code: ZIP Code

2. **Full Name (Last, First, Middle Initial)**: Full Name (Last, First, Middle Initial)
   - Mailing Address: Mailing Address
   - City: City
   - State: State
   - ZIP Code: ZIP Code

3. **Full Name (Last, First, Middle Initial)**: Full Name (Last, First, Middle Initial)
   - Mailing Address: Mailing Address
   - City: City
   - State: State
   - ZIP Code: ZIP Code

4. **Full Name (Last, First, Middle Initial)**: Full Name (Last, First, Middle Initial)
   - Mailing Address: Mailing Address
   - City: City
   - State: State
   - ZIP Code: ZIP Code

#### Endorsers or Guarantors

List all Endorsers or Guarantors (if any) to Loan Source:

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Name of Employer</th>
<th>Occupation</th>
<th>Amount Guaranteed</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Full Name (Last, First, Middle Initial)</td>
<td>Full Name (Last, First, Middle Initial)</td>
<td>Occupation</td>
<td>Amount Guaranteed</td>
<td>Outstanding</td>
</tr>
<tr>
<td>2. Full Name (Last, First, Middle Initial)</td>
<td>Full Name (Last, First, Middle Initial)</td>
<td>Occupation</td>
<td>Amount Guaranteed</td>
<td>Outstanding</td>
</tr>
<tr>
<td>3. Full Name (Last, First, Middle Initial)</td>
<td>Full Name (Last, First, Middle Initial)</td>
<td>Occupation</td>
<td>Amount Guaranteed</td>
<td>Outstanding</td>
</tr>
<tr>
<td>4. Full Name (Last, First, Middle Initial)</td>
<td>Full Name (Last, First, Middle Initial)</td>
<td>Occupation</td>
<td>Amount Guaranteed</td>
<td>Outstanding</td>
</tr>
</tbody>
</table>

#### Subtotals

**This Period This Page (optional)**: 300.00

#### Totals

**This Period (last page in this line only)**: 300.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
**SCHEDULE C (FEC Form 3)**

**LOANS**

**NAME OF COMMITTEE** (In Full)
Coyne for congress 2014

**LOAN SOURCE**

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>[PERSONAL FUNDS]</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAUL henry COYNE Jr.</td>
<td></td>
</tr>
</tbody>
</table>

**Mailing Address**
1298 ROXY AVE

**City**

<table>
<thead>
<tr>
<th>SANTA MARIA</th>
</tr>
</thead>
</table>

**State**
CA

**ZIP Code**
93455

**Original Amount of Loan**

| 6000.00 |

**Cumulative Payment To Date**

| 0.00 |

**Balance Outstanding at Close of This Period**

| 6000.00 |

**TERMS**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/30/2013</td>
<td>11/4/2014</td>
<td>0.00% (apr)</td>
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</table>

**Secured:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

List All Endorsers or Guarantors (if any) to Loan Source

1. **Full Name (Last, First, Middle Initial)**

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
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<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th>City</th>
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2. **Full Name (Last, First, Middle Initial)**

<table>
<thead>
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<th>Name of Employer</th>
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<table>
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<tr>
<td></td>
<td>CA</td>
<td>93455</td>
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</table>

3. **Full Name (Last, First, Middle Initial)**

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Occupation</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
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<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CA</td>
<td>93455</td>
</tr>
</tbody>
</table>

4. **Full Name (Last, First, Middle Initial)**

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
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<tbody>
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<tbody>
<tr>
<td></td>
<td>CA</td>
<td>93455</td>
</tr>
</tbody>
</table>

**SUBTOTALS**
This Period This Page (optional).................................................................

| 6000.00 |

**TOTALS**
This Period (last page in this line only)...................................................

| 6000.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to an appropriate line of Summary.
**NAME OF COMMITTEE (In Full)**
Coyne for congress 2014

**LOAN SOURCE**  Full Name (Last, First, Middle Initial)  [PERSONAL FUNDS]  Election:  2014
PAUL henry COYNE Jr.  

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>1298 ROXY AVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>SANTA MARIA</td>
</tr>
<tr>
<td>State</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP Code</td>
<td>93455</td>
</tr>
</tbody>
</table>

**Original Amount of Loan**  500.00  
**Cumulative Payment To Date**  0.00  
**Balance Outstanding at Close of This Period**  500.00

**TERMS**  
Date Incurred:  08-05-2013  
Date Due:  11/04/2014  
Interest Rate:  0.00 % (apr)  
Secured:  No  

List All Endorsers or Guarantors (if any) to Loan Source

<table>
<thead>
<tr>
<th>1. Full Name (Last, First, Middle Initial)</th>
<th>Name of Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>1298 ROXY AVE</td>
</tr>
<tr>
<td>City</td>
<td>SANTA MARIA</td>
</tr>
<tr>
<td>State</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP Code</td>
<td>93455</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Full Name (Last, First, Middle Initial)</th>
<th>Name of Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>1298 ROXY AVE</td>
</tr>
<tr>
<td>City</td>
<td>SANTA MARIA</td>
</tr>
<tr>
<td>State</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP Code</td>
<td>93455</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Full Name (Last, First, Middle Initial)</th>
<th>Name of Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>1298 ROXY AVE</td>
</tr>
<tr>
<td>City</td>
<td>SANTA MARIA</td>
</tr>
<tr>
<td>State</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP Code</td>
<td>93455</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Full Name (Last, First, Middle Initial)</th>
<th>Name of Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>1298 ROXY AVE</td>
</tr>
<tr>
<td>City</td>
<td>SANTA MARIA</td>
</tr>
<tr>
<td>State</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP Code</td>
<td>93455</td>
</tr>
</tbody>
</table>

**SUBTOTALS**  This Period This Page (optional)  500.00  
**TOTALS**  This Period (last page in this line only)  500.00  

*Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.*
### Schedule C (FEC Form 3) - Loans

**Name of Committee (In Full)**
Coyne for congress 2014

**Loan Source**
Full Name (Last, First, Middle Initial)
PAUL henry COYNE Jr.

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>1298 ROXY AVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>SANTA MARIA</td>
</tr>
<tr>
<td>State</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP Code</td>
<td>93455</td>
</tr>
</tbody>
</table>

**Original Amount of Loan**
1400.00

**Cumulative Payment To Date**
0.00

**Balance Outstanding at Close of This Period**
1400.00

**Terms**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/06/2013</td>
<td>11/04/2014</td>
<td>0.00</td>
<td>No</td>
</tr>
</tbody>
</table>

**Election**
Primary 2014

List All Endorsers or Guarantors (if any) to Loan Source

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Name of Employer</th>
<th>Occupation</th>
<th>Amount Guaranteed Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PAUL henry COYNE Jr.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>SANTA MARIA</td>
<td>CA</td>
<td>93455</td>
</tr>
</tbody>
</table>

**Subtotals This Period This Page (optional)**

1400.00

**Totals This Period (last page in this line only)**

1400.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
**NAME OF COMMITTEE** (In Full)  
Coyne for congress 2014

**TRANSACTION ID**: SC/10.4261

<table>
<thead>
<tr>
<th>NAME OF COMMITTEE (In Full)</th>
<th>Coyne for congress 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOAN SOURCE</strong> Full Name (Last, First, Middle Initial)</td>
<td><strong>[PERSONAL FUNDS]</strong></td>
</tr>
<tr>
<td>PAUL henry COYNE Jr.</td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td>1298 ROXY AVE</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>SANTA MARIA</td>
<td>CA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Original Amount of Loan</th>
<th>Cumulative Payment To Date</th>
<th>Balance Outstanding at Close of This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000.00</td>
<td>0.00</td>
<td>1000.00</td>
</tr>
</tbody>
</table>

**TERMS**  
Date Incurred: 09/27/2013  
Date Due: 11/04/2014  
Interest Rate: 0.00 % (apr)  
Secured: No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)  
   Name of Employer  
   Mailing Address  
   City | State | ZIP Code  
   SANTA MARIA | CA | 93455

2. Full Name (Last, First, Middle Initial)  
   Name of Employer  
   Mailing Address  
   City | State | ZIP Code  
   SANTA MARIA | CA | 93455

3. Full Name (Last, First, Middle Initial)  
   Name of Employer  
   Mailing Address  
   City | State | ZIP Code  
   SANTA MARIA | CA | 93455

4. Full Name (Last, First, Middle Initial)  
   Name of Employer  
   Mailing Address  
   City | State | ZIP Code  
   SANTA MARIA | CA | 93455

**SUBTOTALS** This Period This Page (optional) .......................................................... 1000.00

**TOTALS** This Period (last page in this line only) .........................................................

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
## Schedule C (FEC Form 3)

### Loans

**Name of Committee (In Full)**
Coyne for congress 2014

**Loan Source** Full Name (Last, First, Middle Initial)
[PERSONAL FUNDS] PAUL henry COYNE Jr.

**Mailing Address**
1298 ROXY AVE

**City** SANTA MARIA
**State** CA
**ZIP Code** 93455

**Original Amount of Loan** 100.00
**Cumulative Payment To Date** 0.00
**Balance Outstanding at Close of This Period** 100.00

**Terms**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>M M / D D / Y Y Y Y</td>
<td>M M / D D / Y Y Y Y</td>
<td>% (apr)</td>
</tr>
<tr>
<td>10/01/2013</td>
<td>11/04/2014</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**List All Endorsers or Guarantors (If any) to Loan Source**

<table>
<thead>
<tr>
<th>1. Full Name (Last, First, Middle Initial)</th>
<th>Name of Employer</th>
<th>Occupation</th>
<th>Amount Guaranteed Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name (Last, First, Middle Initial)</td>
<td>Mailing Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Full Name (Last, First, Middle Initial)</td>
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<td>State</td>
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<tr>
<td>Full Name (Last, First, Middle Initial)</td>
<td>Mailing Address</td>
<td>City</td>
<td>State</td>
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<tr>
<td>Full Name (Last, First, Middle Initial)</td>
<td>Mailing Address</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

**Subtotals**

This Period This Page (optional) .......................................................... 100.00

**Totals**

This Period (last page in this line only) .......................................................... 100.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
**SCHEDULE C (FEC Form 3)**

**LOANS**

**NAME OF COMMITTEE (In Full)**
Coyne for congress 2014

<table>
<thead>
<tr>
<th>LOAN SOURCE</th>
<th>Full Name (Last, First, Middle Initial)</th>
<th>[PERSONAL FUNDS]</th>
<th>Election:</th>
<th>[PERIOD]</th>
</tr>
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<tbody>
<tr>
<td>PAUL henry COYNE Jr.</td>
<td></td>
<td></td>
<td>2014</td>
<td>2013</td>
</tr>
</tbody>
</table>

Mailing Address
1298 ROXY AVE

City
SANTA MARIA
State
CA
ZIP Code
93455

<table>
<thead>
<tr>
<th>Original Amount of Loan</th>
<th>Cumulative Payment To Date</th>
<th>Balance Outstanding at Close of This Period</th>
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<tbody>
<tr>
<td>2500.00</td>
<td>0.00</td>
<td>2500.00</td>
</tr>
</tbody>
</table>

**TERMS**

Date Incurred: 10/10/2013
Date Due: 11/04/2014

Interest Rate: 0.00 % (apr)
Secured: Yes

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City
   State
   ZIP Code

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City
   State
   ZIP Code

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City
   State
   ZIP Code

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City
   State
   ZIP Code

**SUBTOTALS**
This Period This Page (optional) ................................................................. 2500.00

**TOTALS**
This Period (last page in this line only) .................................................................

*Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.*
### SCHEDULE C (FEC Form 3)
#### LOANS

**NAME OF COMMITTEE (In Full)**
Coyne for congress 2014

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
P.AU.L henry COYNE Jr.

**Mailing Address**
1298 ROXY AVE

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>SANTA MARIA</td>
<td>CA</td>
<td>93455</td>
</tr>
</tbody>
</table>

**Original Amount of Loan**
4800.00

**Cumulative Payment To Date**
0.00

**Balance Outstanding at Close of This Period**
4800.00

#### TERMS

**Date Incurred**
10/15/2013

**Date Due**
11/04/2014

**Interest Rate**
0.00%

**Secured:**
No

List All Endorsers or Guarantors (if any) to Loan Source

1. **Full Name (Last, First, Middle Initial)**
   - Mailing Address
   - City: SANTA MARIA
   - State: CA
   - ZIP Code: 93455
   - Amount Guaranteed Outstanding: [ ]

2. **Full Name (Last, First, Middle Initial)**
   - Mailing Address
   - City: SANTA MARIA
   - State: CA
   - ZIP Code: 93455
   - Amount Guaranteed Outstanding: [ ]

3. **Full Name (Last, First, Middle Initial)**
   - Mailing Address
   - City: SANTA MARIA
   - State: CA
   - ZIP Code: 93455
   - Amount Guaranteed Outstanding: [ ]

4. **Full Name (Last, First, Middle Initial)**
   - Mailing Address
   - City: SANTA MARIA
   - State: CA
   - ZIP Code: 93455
   - Amount Guaranteed Outstanding: [ ]

**SUBTOTALS**
This Period This Page (optional).................................................................

**TOTALS**
This Period (last page in this line only)......................................................

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**Transaction ID:** SC/10.4488

**Election:** 2014

- [ ] Primary
- [x] General
- [ ] Other (specify)

---

**List All Endorsers or Guarantors (if any) to Loan Source**

1. **Full Name (Last, First, Middle Initial)**
   - Mailing Address
   - City: SANTA MARIA
   - State: CA
   - ZIP Code: 93455
   - Amount Guaranteed Outstanding: [ ]

2. **Full Name (Last, First, Middle Initial)**
   - Mailing Address
   - City: SANTA MARIA
   - State: CA
   - ZIP Code: 93455
   - Amount Guaranteed Outstanding: [ ]

3. **Full Name (Last, First, Middle Initial)**
   - Mailing Address
   - City: SANTA MARIA
   - State: CA
   - ZIP Code: 93455
   - Amount Guaranteed Outstanding: [ ]

4. **Full Name (Last, First, Middle Initial)**
   - Mailing Address
   - City: SANTA MARIA
   - State: CA
   - ZIP Code: 93455
   - Amount Guaranteed Outstanding: [ ]

---

**SUBTOTALS** This Period This Page (optional)..............................................

**TOTALS** This Period (last page in this line only)......................................

---

- Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
**NAME OF COMMITTEE (In Full)**
Coyne for congress 2014

**LOAN SOURCE**
Full Name (Last, First, Middle Initial)
PAUL henry COYNE Jr.

Mailing Address
1298 ROXY AVE

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>SANTA MARIA</td>
<td>CA</td>
<td>93455</td>
</tr>
</tbody>
</table>

**Original Amount of Loan**
2500.00

**Cumulative Payment To Date**
0.00

**Balance Outstanding at Close of This Period**
2500.00

**TERMS**
- **Date Incurred**: 11/13/2013
- **Date Due**: 11/04/2014
- **Interest Rate**: 0.00%
- **Secured**: No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City
   - State
   - ZIP Code

2. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City
   - State
   - ZIP Code

3. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City
   - State
   - ZIP Code

4. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City
   - State
   - ZIP Code

**SUBTOTALS**
- This Period This Page (optional)
- 2500.00

**TOTALS**
- This Period (last page in this line only)
- 2500.00

 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
### Coyne for congress 2014

**Loan Source** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]**

<table>
<thead>
<tr>
<th>Name of Committee (In Full)</th>
<th>LOAN SOURCE</th>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coyne for congress 2014</td>
<td>PAUL henry COYNE Jr.</td>
<td>[PERSONAL FUNDS]</td>
<td></td>
</tr>
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</table>

**Mailing Address**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>SANTA MARIA</td>
<td>CA</td>
<td>93455</td>
</tr>
</tbody>
</table>

**TERMS**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2014</td>
<td>07/17/2014</td>
<td>0.00% (apr)</td>
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</table>

**Balance Outstanding at Close of This Period**

<table>
<thead>
<tr>
<th>Original Amount of Loan</th>
<th>Cumulative Payment To Date</th>
<th>Balance Outstanding at Close of This Period</th>
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</thead>
<tbody>
<tr>
<td>250.00</td>
<td>0.00</td>
<td>250.00</td>
</tr>
</tbody>
</table>

**List All Endorsers or Guarantors (if any) to Loan Source**

1. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City | State | ZIP Code
   - SANTA MARIA | CA | 93455

2. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City | State | ZIP Code
   - SANTA MARIA | CA | 93455

3. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City | State | ZIP Code
   - SANTA MARIA | CA | 93455

4. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City | State | ZIP Code
   - SANTA MARIA | CA | 93455

**Subtotals**

This Period This Page (optional) ................................................................. 250.00

**Totals**

This Period (last page in this line only) ..........................................................
**Name of Committee:** Coyne for congress 2014

**Loan Source:** Full Name (Last, First, Middle Initial) [PERSONAL FUNDS]

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAUL henry COYNE Jr.</td>
<td></td>
</tr>
</tbody>
</table>

**Mailing Address:**
1298 ROXY AVE

**City:** SANTA MARIA  
**State:** CA  
**ZIP Code:** 93455

**Original Amount of Loan:** 1750.00

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured:</th>
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</thead>
<tbody>
<tr>
<td>02 / 10 / 2014</td>
<td>07 / 0010 / 2014</td>
<td>0.00 % (apr)</td>
<td>No</td>
</tr>
</tbody>
</table>

- **Terms:**
- **Balance Outstanding at Close of This Period:** 1750.00

List All Endorsers or Guarantors (if any) to Loan Source

1. **Full Name (Last, First, Middle Initial):**
   - Name of Employer
   - Occupation
   - Mailing Address
   - Amount Guaranteed Outstanding:

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CA</td>
<td>93455</td>
</tr>
</tbody>
</table>

2. **Full Name (Last, First, Middle Initial):**
   - Name of Employer
   - Occupation
   - Mailing Address
   - Amount Guaranteed Outstanding:

3. **Full Name (Last, First, Middle Initial):**
   - Name of Employer
   - Occupation
   - Mailing Address
   - Amount Guaranteed Outstanding:

4. **Full Name (Last, First, Middle Initial):**
   - Name of Employer
   - Occupation
   - Mailing Address
   - Amount Guaranteed Outstanding:

**Subtotals**

- This Period: 1750.00
- This Page: 1750.00

**Totals**

- This Period (last page in this line only): 1750.00

-carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
## SCHEDULE C (FEC Form 3)
### LOANS

**NAME OF COMMITTEE (In Full)**
Coyne for congress 2014

**LOAN SOURCE**  Full Name (Last, First, Middle Initial)  [PERSONAL FUNDS]  Election:  2014

<table>
<thead>
<tr>
<th>Line</th>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Occupation</th>
<th>Amount Guaranteed Outstanding</th>
<th>Secured:</th>
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<tbody>
<tr>
<td>1.</td>
<td>paul coyne</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mailing Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1298 roxy ave</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>santa maria</td>
<td>CA</td>
<td>93455</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Original Amount of Loan</td>
<td>250.00</td>
<td>Cumulative Payment To Date</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Balance Outstanding at Close of This Period</td>
<td>250.00</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date Incurred</td>
<td>05/22/2014</td>
<td>Date Due</td>
<td>01/01/2015</td>
<td>0005</td>
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<td></td>
<td>Interest Rate</td>
<td>0.00% (apr)</td>
<td>Secured: Yes or No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   - Name of Employer
   - Mailing Address
   - City
   - State
   - ZIP Code
   - Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   - Name of Employer
   - Mailing Address
   - City
   - State
   - ZIP Code
   - Amount Guaranteed Outstanding:

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   - Mailing Address
   - City
   - State
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   - Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   - Name of Employer
   - Mailing Address
   - City
   - State
   - ZIP Code
   - Amount Guaranteed Outstanding:

### SUBTOTALS
This Period This Page (optional) ..........................................................  250.00

### TOTALS
This Period (last page in this line only) ..................................................  54080.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.